



## Strategy 9

### Create and promote a supportive and inclusive workplace culture

#### Strategy 9.1 Employers of nurses should:

- Adopt and promote a culture of equity and inclusion; train team members from all disciplines on principles of teamwork, equity, and inclusion; make clear what the goals and expectations of training are; and implement a plan to address incidents of racism or bullying among nurses and/or interprofessional team members.
- Offer mechanisms for reporting unsafe working conditions, biases, discrimination, and injustice without fear of retaliation and make clear how those reports will be addressed and how data collected on incidents will be used. Organizational leadership should commit to strategies for oversight, action based on reports, and transparency about actions and outcomes.
- Routinely evaluate pay equity for nurses employed in their organization and adjust salary ranges among staff to address inter-organization pay disparities.

#### Desired Result

Nurses will have a workplace culture that is supportive and inclusive regardless of their background or personal identities and values the unique perspectives and experiences they bring to patient care.

#### Why does the task force recommend this strategy?

Creating a culture of teamwork, equity, and inclusion within nursing employment settings is crucial for valuing a diverse nursing workforce and providing culturally sensitive care to the diverse populations served. An inclusive work environment can improve the sense of belonging among nurses, which can lead to higher job satisfaction, reduced turnover rates, and a more collaborative and innovative workplace. Employers who make intentional efforts to promote equity and inclusion demonstrate a commitment to valuing their staff's unique backgrounds and perspectives. This, in turn, can attract a wider talent pool, enhancing the organization's reputation and its ability to provide high-quality care. Ultimately, by investing in a culture of teamwork, equity, and inclusion, employers can ensure a supportive and dynamic working environment where all nurses have the opportunity to thrive and contribute to their fullest potential.

A national survey of nurse leaders found that most had witnessed abusive acts at work in the past year:



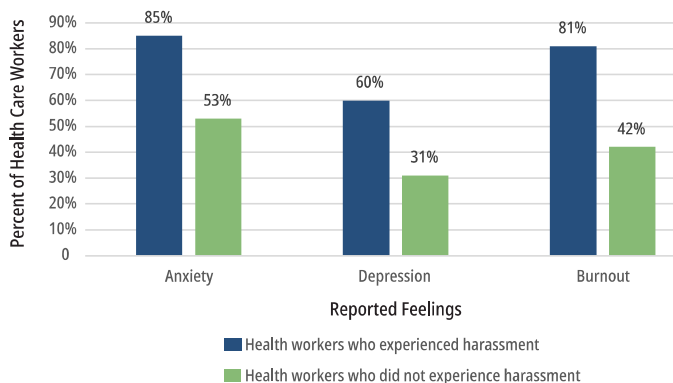
53% Witnessed <b>VIOLENCE</b>
68% Witnessed <b>BULLYING</b>
72% Witnessed <b>INTIMIDATION</b>
77% Witnessed <b>INCIVILITY</b>

Percent of nurse leaders who witnessed abusive acts perpetrated by:

<b>Patient families</b> 58%	<b>Staff nurses</b> 57%	<b>Patients</b> 54%
<b>Physicians</b> 47%	<b>Managers, supervisors</b> 30%	<b>Other staff</b> 25%
<b>Administration</b> 24%	<b>Public</b> 17%	<b>Faculty</b> 5%

Source: AONL. Longitudinal Nursing Leadership Insight Study: Nurse Leaders' Top Challenges and Areas for Needed Support, July 2020 to November 2024. [https://www.aonl.org/system/files/media/file/2024/01/AONL%20Longitudinal%20Nursing%20Leadership%20Insight%20Study%205%20Report\\_v5\\_0.pdf](https://www.aonl.org/system/files/media/file/2024/01/AONL%20Longitudinal%20Nursing%20Leadership%20Insight%20Study%205%20Report_v5_0.pdf)

**Figure 12. Feelings experienced by health care workers who have been harassed vs. those who have not been harassed**



Source: Centers for Disease Control and Prevention (U.S.) (2023). Health Workers Report Harassment, Symptoms of Poor Mental Health, and Difficult Working Conditions: What Employers Can Do: Media Statement. <https://stacks.cdc.gov/view/cdc/134792>

**Bullying** against nurses is a systemic problem that causes some nurses to leave their jobs due to negative behavior from their coworkers.<sup>11</sup> Bullying can take place in almost all care settings and among different nursing positions, with one study finding that 60% of nurse managers, directors, and executives experience bullying in the workplace.<sup>11</sup>

## CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

The types of bullying include:

- **Overt bullying** – This is easier to spot and includes verbal criticism, name-calling, and threats.
- **Covert bullying** – This is indirect and can be passive-aggressive, including spreading gossip, withholding information, and sabotage. Microaggressions—“everyday slights, insults, putdowns, invalidations, and offensive behaviors that people experience in daily interactions with generally well-intentioned individuals who may be unaware that they have engaged in demeaning ways”—are also considered covert bullying.<sup>11,12</sup>

### Challenge in Nursing Culture: When Nurses “Eat Their Young”

The phrase “nurses eat their young” is a metaphor used to describe the phenomenon of experienced nurses sometimes being overly critical, unsupportive, or even hostile toward new nurses entering the profession. This behavior can create a toxic work environment, contributing to increased stress, burnout, and higher turnover rates among novice nurses. It’s believed that this culture stems from a variety of factors, including high-stress working conditions, hierarchical workplace dynamics, and sometimes a perpetuation of how the experienced nurses were treated when they were new.

This behavior is counterproductive to fostering a supportive, collaborative, and educational work environment. It undermines the confidence and growth of new nurses, who are vital to the sustainability and advancement of health care. Changing this culture is essential for fostering a healthy, productive, and nurturing environment that can better serve patients and improve the health care system as a whole. Efforts to change this culture include promoting positive mentoring programs, implementing supportive orientation and transition programs for new nurses, fostering open communication, and building team cohesion. It is also important to address this issue at the level of nursing education, where young nurses can begin to be exposed to this type of culture. Intentional efforts are needed to help nurses and other health care team members recognize how power dynamics in the health care environment impede effective teamwork and contribute to these behaviors both within and across disciplines.

**Racism** also gives rise to conflict in the nursing workplace and can greatly influence nurses’, colleagues’, and patients’ overall well-being. Both overt and covert racism can have a negative impact on individuals and the health care system broadly. An example of overt racism in the nursing environment is when BIPOC (Black, Indigenous, and people of color) nurses are given assignment changes at the request of patients or patient families seeking care from White nurses. Covert racism can take the form of negative messages about certain groups of people and presumptions about competence and ability that result in hindering progression within the nursing profession.<sup>13</sup> Racist acts in the workplace can result in lowered self-esteem, high anxiety, depression, and isolation among those experiencing them.<sup>13</sup>

**“63% of nurses say they have personally experienced racism in the workplace.”**

*-National Commission to Address Racism in Nursing. Racism's Impact in Nursing. [https://www.nursingworld.org/~48f9c5/globalassets/practiceandpolicy/workforce/commission-to-address-racism/infographic-national-nursing-survey\\_understanding-racism-in-nursing.pdf](https://www.nursingworld.org/~48f9c5/globalassets/practiceandpolicy/workforce/commission-to-address-racism/infographic-national-nursing-survey_understanding-racism-in-nursing.pdf)*

***“Nurses spoke of an insistence on conformity and assimilation and an associated selection based on perception of competence, favoritism, and conformity to standards set by the majority. Ultimately, the insistence on assimilation hinders BIPOC nurses from outward expression of culture, custom, or traditions.”***

***“Racism is a preventable harm and can be mitigated by intentional actions to change belief systems and social and organizational practices that contribute to dual harm from structural racism, which is invisible unless one looks for it, as it is ingrained in the structures, beliefs, policies, and practices of our healthcare system.”***

*-Summary Report Listening Sessions on Racism in Nursing from the American Nurses Association and the National Commission to Address Racism in Nursing. <https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf>*

Experiences of racism can have physical and mental impacts, in addition to the professional impact. The National Commission to Address Racism in Nursing concludes in one of its reports, “Described as a disruptive behavior in some literature, racism and its impact threaten not only patient safety but also the well-being of nurses and their ability to perform competently in their jobs. Consequences of disruptive behaviors in nursing can include decreased morale, effects on retention, burnout, and, indirectly, effects on patient safety.... Disruptive behaviors threaten patient well-being due to a breakdown in communication and collaboration”.

**Incivility**, which can take the form of rude actions or refusing to assist a coworker, can become a precursor to bullying and workplace violence.<sup>13</sup> Incivility is strongly linked to burnout and job dissatisfaction.<sup>11</sup> Up to 85% of nurses report experiences of incivility in the workplace involving nursing staff as well as other disciplines on the health care team.<sup>14</sup>



## CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

### Spotlight on North Carolina

"In 2022, a culture survey conducted within Duke University Health System revealed a concerning 44% burnout rate and that 58.9% of staff felt disconnected from the Duke community. Local to the operating room (OR) at Duke University Hospital (DUH), we knew we had opportunity to improve our morale and come up with something transformative for our teams. Existing recognition programs lacked inclusivity for staff members operating behind the scenes and in areas with minimal patient and family interactions. Recognizing the need for change, we aimed to implement a solution with maximum cultural impact and minimal fiscal investment, utilizing existing resources. Inspired by the successful model established at Beebe Healthcare in 2015, we adapted and implemented the L.O.V.E. Notes Program in the DUH ORs on April 14th, 2023.

Through the L.O.V.E. Notes Program, employees can recognize each other via an online interface, citing organizational values exemplified by the recipient along with a brief narrative of their demonstration of those values. When sent, each note is recreated into a digital postcard, shared with both the recipient and their manager. Celebratory practices vary across locations, including dissemination to the entire team via email, announcements during team huddles, or posting on billboards. Since its launch, the program has expanded beyond the DUH OR into multiple locations within Duke Perioperative Services and beyond, with over 1,500 notes composed at DUH in under a year.

The L.O.V.E. Notes Program proved to be an effective tool for transforming the negative culture within the ORs and has been adopted across various departments, contributing to positive and inclusive work environments. Notably, areas with limited patient interaction, such as the OR, have demonstrated higher utilization rates. Subsequent surveys conducted among DUH OR staff revealed notable improvements, with 76% reporting a stronger sense of belonging at Duke and a decrease in burnout self-reports to 36%. Feedback specific to the program indicated that 69% believed it positively impacted the culture, 79% appreciated the avenue for positive recognition, and 90% valued the opportunity to acknowledge their peers. Based on observed success, expansion of the L.O.V.E. Notes Program throughout DUH via a tool kit is recommended, with potential exploration of implementation in other healthcare settings. Leveraging L.O.V.E. Notes as a criterion for advancement on the clinical ladder further reinforces recognition of individuals for their outstanding contributions to organizational values. Periodic evaluations and adjustments to the program ensure its continued relevance and impact on employee satisfaction and overall workplace culture. The program effectively addresses the challenge of recognition across positions, ensuring all employees, including those with limited patient interactions, feel valued."

*-Personal communication. Nursing Program Manager, Educator, Operating Room, Stephen Rayne. April 8, 2024.*

### KEY RESOURCE NEEDS



**Trade associations representing employers of nurses can help them to create or improve cultures of inclusivity in their workplaces by:**

1. Developing and/or promoting resources related to implementing and sustaining changes to workplace culture.
2. Partnering with the Center on the Workforce for Health to convene work groups with member representatives to create peer sharing on best practices for operationalizing policies and practices to reduce bullying and racism in the workplace.

**Nursing education programs** need to create a similar culture of support and inclusion to ensure that new nurses are experiencing a healthy working culture from the start of their career.